

## Complete Summary

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### GUIDELINE TITLE

Genital herpes: gynaecological aspects.

### BIBLIOGRAPHIC SOURCE(S)

Money D, Steben M, Wong T, Gruslin A, Yudin M, Cohen H, Boucher M, Mackinnon C, Paquet C, van Schalkwyk J, Infectious Disease Committee, Executive and Council of the Society of Obstetricians and Gynaecologists of Canada. Genital herpes: gynaecological aspects. J Obstet Gynaecol Can 2008 Apr;30(4):347-53. [21 references] [PubMed](#)

### GUIDELINE STATUS

This is the current release of the guideline.

## COMPLETE SUMMARY CONTENT

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## SCOPE

### DISEASE/CONDITION(S)

Genital herpes simplex virus (HSV) infection:

- HSV-1
- HSV-2

### GUIDELINE CATEGORY

Counseling  
Diagnosis  
Management  
Prevention

Risk Assessment  
Treatment

## **CLINICAL SPECIALTY**

Family Practice  
Infectious Diseases  
Internal Medicine  
Obstetrics and Gynecology  
Preventive Medicine

## **INTENDED USERS**

Health Care Providers  
Physician Assistants  
Physicians  
Public Health Departments

## **GUIDELINE OBJECTIVE(S)**

- To provide recommendations to gynecology health care providers on optimal management of genital herpes
- To review the pathophysiology, epidemiology, risk factors, modes of transmission, clinical presentation, laboratory diagnosis and antiviral treatment of herpes simplex virus (HSV)

## **TARGET POPULATION**

Patients with genital herpes simplex virus infections

## **INTERVENTIONS AND PRACTICES CONSIDERED**

### **Diagnosis**

#### *Laboratory Diagnosis*

1. Viral identification tests
  - Nucleic acid amplification techniques (NAAT)
  - Viral culture
2. Serologic tests
  - Type-specific serological tests

### **Management/Treatment/Prevention**

1. Antiviral treatment (e.g., episodic, suppressive)
  - Acyclovir
  - Valacyclovir
  - Famciclovir
2. Condom use
3. Personalized counseling about safe sex
4. Reevaluation at time of prescription renewal

5. Referral if indicated

**Note:** Topical antiviral agents were considered but not recommended due to lack of effectiveness.

## **MAJOR OUTCOMES CONSIDERED**

- Primary herpes simplex virus (HSV) infection rate
- Recurrent HSV infection rate
- Rate of disease transmission
- Accuracy of diagnostic tests

## **METHODOLOGY**

### **METHODS USED TO COLLECT/SELECT EVIDENCE**

Searches of Electronic Databases

### **DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE**

Medline was searched for articles published in French and English related to genital herpes and gynecology. Additional articles were identified through the references of these articles. All study types and recommendation reports were reviewed.

### **NUMBER OF SOURCE DOCUMENTS**

Not stated

### **METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE**

Weighting According to a Rating Scheme (Scheme Given)

### **RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE**

#### **Quality of Evidence Assessment\***

**I:** Evidence obtained from at least one properly randomized controlled trial

**II-1:** Evidence from well-designed controlled trials without randomization

**II-2:** Evidence from well-designed cohort (prospective or retrospective) or case-control studies, preferably from more than one centre or research group

**II-3:** Evidence obtained from comparisons between times or places with or without the intervention. Dramatic results in uncontrolled experiments (such as the results of treatment with penicillin in the 1940s) could also be included in this category

**III:** Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees

\*Adapted from the Evaluation of Evidence criteria described in the Canadian Task Force on Preventive Health Care.

## **METHODS USED TO ANALYZE THE EVIDENCE**

Systematic Review

## **DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE**

Not stated

## **METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Expert Consensus

## **DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Not stated

## **RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS**

### **Classification of Recommendations\***

- A.** There is good evidence to recommend the clinical preventive action.
- B.** There is fair evidence to recommend the clinical preventive action.
- C.** The existing evidence is conflicting and does not allow to make a recommendation for or against use of the clinical preventive action; however, other factors may influence decision-making.
- D.** There is fair evidence to recommend against the clinical preventive action.
- E.** There is good evidence to recommend against the clinical preventive action.
- I.** There is insufficient evidence (in quantity or quality) to make a recommendation; however, other factors may influence decision-making.

\*Adapted from the Evaluation of Evidence criteria described in the Canadian Task Force on Preventive Health Care.

## **COST ANALYSIS**

A formal cost analysis was not performed and published cost analyses were not reviewed.

## METHOD OF GUIDELINE VALIDATION

Internal Peer Review

## DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

This guideline has been reviewed by the Infectious Disease Committee and approved by the Executive and Council of the Society of Obstetricians and Gynecologists of Canada (SOGC).

## RECOMMENDATIONS

### MAJOR RECOMMENDATIONS

Definitions of the levels of evidence (I, II-1, II-2, II-3, and III) and grades of recommendations (A-E and I) are provided at the end of the "Major Recommendations" field.

#### Recommendations

1. Up to 70% of all genital herpes simplex virus (HSV)-2 infections are transmitted during asymptomatic shedding; therefore, the use of condoms is recommended to lessen the likelihood of disease transmission. (**II-A**)
2. A laboratory-based diagnosis of genital herpes is essential for its effective management. (**II-A**)
3. Suppressive treatment is suggested for patients who have
  - At least 6 recurrences per year
  - Significant complications, but fewer than 6 recurrences per year
  - Their quality of life significantly affected
  - Social and sexual dysfunction
  - To lower the risk of transmission to a sexual partner or fetus/neonate.(**II-B**)
4. The use of the anti-viral valacyclovir, coupled with condoms and safer sex counselling, is recommended for individuals with proven genital herpes. (**I-B**)
5. Routine or targeted HSV screening is not indicated. (**III-B**)

See original guideline document for recommended regimens of episodic and suppressive treatment plans.

#### Definitions:

#### Quality of Evidence Assessment\*

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### **Classification of Recommendations\*\***

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\*The quality of evidence reported in these guidelines has been adapted from The Evaluation of Evidence criteria described in the Canadian Task Force on Preventive Health Care.

\*\*Recommendations included in these guidelines have been adapted from the Classification of Recommendations criteria described in the Canadian Task Force on Preventive Health Care.

### **CLINICAL ALGORITHM(S)**

None provided

## **EVIDENCE SUPPORTING THE RECOMMENDATIONS**

### **TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS**

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

## **BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS**

### **POTENTIAL BENEFITS**

Appropriate prevention of complications and transmission of genital herpes

### **POTENTIAL HARMS**

Up to one half of viral culture tests performed during a recurrence may come back as falsely negative, because of improper sampling techniques and improper specimen handling and transportation.

## QUALIFYING STATEMENTS

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This clinical practice guideline reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Local institutions can dictate amendments to these opinions. They should be well documented if modified at the local level.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Getting Better  
Living with Illness  
Staying Healthy

### IOM DOMAIN

Effectiveness  
Patient-centeredness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

Money D, Steben M, Wong T, Gruslin A, Yudin M, Cohen H, Boucher M, Mackinnon C, Paquet C, van Schalkwyk J, Infectious Disease Committee, Executive and Council of the Society of Obstetricians and Gynaecologists of Canada. Genital herpes: gynaecological aspects. J Obstet Gynaecol Can 2008 Apr;30(4):347-53. [21 references] [PubMed](#)

### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

2008 Apr

**GUIDELINE DEVELOPER(S)**

Society of Obstetricians and Gynaecologists of Canada - Medical Specialty Society

**SOURCE(S) OF FUNDING**

Society of Obstetricians and Gynaecologists of Canada

**GUIDELINE COMMITTEE**

Infectious Disease Committee

**COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE**

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**FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST**

Disclosure statements have been received from all members of the committee.

**GUIDELINE STATUS**

This is the current release of the guideline.

**GUIDELINE AVAILABILITY**

Electronic copies: Available in Portable Document Format (PDF) from the [Society of Obstetricians and Gynaecologists of Canada Web site](#).

Print copies: Available from the Society of Obstetricians and Gynaecologists of Canada, La société des obstétriciens et gynécologues du Canada (SOGC) 780 promenade Echo Drive Ottawa, ON K1S 5R7 (Canada); Phone: 1-800-561-2416

**AVAILABILITY OF COMPANION DOCUMENTS**

None available

**PATIENT RESOURCES**

None available



## **NGC STATUS**

This NGC summary was completed by ECRI Institute on February 10, 2009. The information was verified by the guideline developer on March 4, 2009.

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